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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/406,804 08/29/2002

** FOREIGN APPLICATIONS *****
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 276	INDEPENDENT CLAIMS 24
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ADDRESS

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TITLE

Diagnosis and treatment of infertility

FILING FEE RECEIVED 4051	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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